

PACIFIC REGIONAL MEDICAL COMMAND
OFFICE OF RESERVE AFFAIRS
HONOLULU, HI 96859
Individual Training Objectives

Name _____ Rank _____ MOS/AOC/AFSC _____

Unit _____ Annual Training Dates _____ to _____

Duty Section (i.e. Nursing, LOG, LAB, PREV MED, Admin, etc.) _____

Training Objectives (MOS/AOC or AFSC tasks you want to accomplish during annual training)

1. _____

2. _____

3. _____

4. _____

5. _____

Where do you want to work during AT at Tripler?

1st choice: _____ 2nd choice: _____

Civilian Occupation:

Civilian Occupation Description/Duties: _____

Soldier/Airman Signature: _____

-----Supervisor Input-----

Objectives Approved: YES NO

Supervisor Name: _____ Position: _____

Supervisor Signature: _____ Date: _____